**Annex 2**

**Application Form**

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| Name of the seminar/training course: Seminar on Capacity-building for Officials from Parties Implementing CITES项目名称：CITES缔约方履约官员能力建设研修班 |
| Category | Seminar | Time | Sept. 6 – Sept. 26 | Location | Online |
| Photo (your ID photo will be used in final training certificate) | Family name/Surname |  |
| Given name/First name |  |
| Job title |  |
| Nationality |  | Name of organization(what organization are you working for) |  |
| Gender |  |
| Native language |  |
| Mailing address of your organization |  |
| Religion |  |
| Date of birth(DD/MM/YYYY) |  |
| Telephone |  | E-mail (please check your email frequently for communication) |  |
| Fax |  | Person to be contacted in emergency |  |
| Mobile phone |  | Phone to be contacted in emergency |  |
| Signature: Date: |